

Maryland Department of Human Services Office of Licensing and Monitoring 311 W. Saratoga Street Baltimore, Maryland 21201

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Provider Organization:	$B\Delta TGO$	IncTreatment Foster	Care
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Licensing Agency: DHS Contracting Agency(s): DHS

Name of Chief Administrator: Alice Williams Email: awilliams@batgo.org

License Type: Treatment Foster Care **Type of Inspection:** Quarterly

Name and Address of CPA Office	License Capacity	DHR Contract Limit	Census by Placing Agency	License#/ Exp. date	Date of site Inspection
BATGO, Inc. 2901 Druid Park Circle Drive, Suite # A 201 Baltimore, MD 21215	Unlimited	40	18	#00290	12/28/17

Inspection Summary 0 Staff 0 Foster Parent 0 Adoptive Parent 0 **Number of Records Reviewed:** Number of Interviews: Youth 0 Staff 4 Foster Parent 0 **CPA Office Inspection:** Approved **Number of ILP Apartments Inspected:** NA **Number of Foster Homes Inspected:** 0 Current COMAR Violation: Yes ____ No _X_ If Yes, list Cited Violation(s) below: Findings Violation(s) Corrective Action Plan: Yes No X If ves, date of CAP: Any Violations During Mid or Re-Licensure Periods: Yes No N/A_X_ If Yes See Report (s) Date(s): **Complaint Outcome:** NA Current Status of License: Continued Licensing **Coordinator:** Gary Lee Date: 12/28/17 Email: Gary.lee@maryland.gov

12/28/17

Date:

Program Manager: Richard Berger